

ISSUE SHEET ATTACHMENT AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|----------------|-----------------|
| FEE DETERMINATION | <i>W</i> | | 11-14-01 |
| O.I.P.E. CLASSIFIER | <i>L</i> | <i>43</i> | <i>11-14-01</i> |
| FORMALITY REVIEW | <i>B2</i> | <i>TCS-883</i> | <i>11-14-01</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

BEST AVAILABLE COPY

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